

**Payment for Services: Mental Health and AODA Clinic  
Day Treatment Clinic  
AODA Contracted Facilities**

Waukesha County Department of Health and Human Services

When you receive outpatient services at the Waukesha County Mental Health Clinic and do **not** have insurance, HMO, Medicare, Medicaid (Title 19), or Badger Care HMO coverage, you will be charged on the basis of the family's ability to pay. An ability to pay amount will be calculated upon full financial disclosure.

We will bill your insurance, HMO, Medicare, Medicaid (Title 19) or Badger Care HMO coverage for outpatient services if you have signed the appropriate authorization forms. However, you may be responsible for whatever part of your services your insurance does not cover.

Waukesha County may contract with outside facilities to provide services. Alcohol and Other Drug Abuse (AODA) clients, as well as Intoxicated Driver Program (IDP) clients, receiving residential or day services, will be liable for the first \$1000 worth of services before any reduction of liability. This \$1000 deductible is per family/calendar year.

A Fiscal Account Clerk from the Billing Unit of the Waukesha County Department of Health and Human Services will interview you to obtain financial information. You will need to provide:

1. Personal and family information
2. Third party payer information (insurance)
3. Employment & income tax information.

After you provide full financial disclosure, an ability to pay amount will be calculated. If your financial situation changes or the size of your family changes, your ability to pay amount will be recalculated.

**Until you provide full financial disclosure, you will be billed at full cost.**

If you receive **contracted AODA inpatient services, you will be responsible for the full cost of services.** A payment schedule for these services will be determined when full financial disclosure is provided.

We will make every effort to work out extended or special payment plans if you have difficulty making the monthly payment determined by the Fiscal Account Clerk. Additional information will be requested and reviewed by a Waukesha County Collection Specialist to provide this service.

*Payment for services is an obligation established by law. The primary statutes that provide Wisconsin's fee system are SS 46.03(18) and 46.10. The Uniform Fee System is further specified in the Wisconsin Administrative Code, Chapter HFS 1 of the Department of Health and Family Services.*

If you have questions, you may:

Call 262-548-7697

Write to:  
Waukesha County Department of Health and Human Services  
Billing Unit  
500 Riverview Avenue  
Waukesha, WI 53188

## Billing Rates Effective January thru December 2003

### Mental Health Clinics

#### Individual Services

Psychologist	\$139.20/hr
Clinical Social Wrkr	\$ 92.20/hr
AODA Counselor	\$ 87.20/hr
Med Check (M.D.)	\$ 64.90/15 mins
Med Shots (RN)	\$ 54.50/hr

#### Group Services

AODA Educ. Group	\$ 17.40/hr
AODA Group	\$ 21.80/hr
AODA Multi-Family Group	\$ 43.60/hr
MH - MSW Group	\$ 23.00/hr
MH - Psychologist Group	\$ 34.80/hr
MH - MSW/MSW Group	\$ 30.70/hr
MH - MSW/Psychologist	\$ 38.50/hr
MH - Psych/Psych Group	\$ 46.40/hr

*AODA clients receiving services in residential or day services will be liable for the first \$1,000 of services before any reduction of liability.*

*(Rates are subject to annual review)*

Excerpt from  
WAUKESHA COUNTY MAXIMUM MONTHLY  
PAYMENT SCHEDULE FOR 2003

GROSS MONTHLY INCOME		PERSONS LIVING IN FAMILY		HFS1	
from	to	1	2	3	4
601	625	0	0	0	0
626	650	25	0	0	0
651	675	25	0	0	0
676	700	25	0	0	0
701	725	25	0	0	0
726	750	25	0	0	0
751	775	25	0	0	0
776	800	25	0	0	0
801	825	25	0	0	0
826	850	25	0	0	0
851	875	25	25	0	0
876	900	25	25	0	0
901	925	25	25	0	0
926	950	25	25	0	0
951	975	25	25	25	0
976	1000	25	25	25	0
1001	1025	25	25	25	0
1026	1050	25	25	25	0
1051	1075	25	25	25	0
1076	1100	25	25	25	25
1101	1125	25	25	25	25
1126	1150	25	25	25	25
1151	1175	25	25	25	25
1176	1200	25	25	25	25
1201	1225	25	25	25	25
1226	1250	25	25	25	25
1251	1275	25	25	25	25
1276	1300	26	25	25	25
1301	1325	26	25	26	25
1326	1350	26	25	25	25
1351	1375	26	25	25	25
1376	1400	29	25	25	25
1401	1425	36	25	25	25

(A Fiscal Account Clerk can give you information pertaining to the Maximum Monthly Payment Schedule for incomes in excess of \$1425 and 4 family members.)